## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 790744												
CLAIMS AS FILED - PART I									NTITY		OTHE	R THAN
Γ	OTAL CLAIMS	S .	(Column 1)		(Column 2)		TYP			OR	SMALL	ENTITY
·			22				R/	TE	FEE	_]	RATE	FEE
FOR ·			NUMBER FILED		NUMBER EXTRA		BAS	C FE	385.00	OR	BASIC FE	770.00
L	OTAL CHARGE	ABLE CLAIMS	22 _ minus 20=		* 2		XS	9=		OR	X\$18=	36,0
INDEPENDENT CLAIMS			5 _ minus 3 =		2		X4	3=		OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					15=		1	200	178.
* i	the difference	e in column 1 is	less than 2	zero, enter	"0" in	column 2				OR	+290=	636
CLAIMS AS AMENDED - PART II								ΓAL		OR	TOTAL	978.
		(Column 1)	(Column 2) (Column 3			SM	SMALL ENTITY			OR SMALL ENTITY		
	]	CLAIMS		HIGHE			<b>1</b> —			<b>]</b> [		
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X4:	)=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	5=		OR	+290=	
								TAL		L	TOTAL	
(0-11)										OR A	DDIT. FEE	
_		(Column 1) CLAIMS	т	(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER		NUMB	ER	PRESENT EXTRA	RAT	F	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT	1	PAID F		EXTRA		_	FEE		TIALL	FEE
	Total	*	Minus	**	· ·	=	X\$ 9	=		OR	X\$18=	
	Independent FIRST PRESE	* NTATION OF ML	Minus	PENIDENT (	CL AIRA	=	X43	=		OR	X86=	
<u></u>			the care	LIVELIVI			+145	=		OR	+290=	
				TO ADDIT, I			OR A	TOTAL DDIT. FEE				
	(Column 1) (Column 2) (Column 3)								·			
ن	•	CLAIMS	:	HIGHES	ST	PRESENT EXTRA		<del>-</del>	ADDI	•	· ·	
MENDMENT		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY		RATI		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	strate .		=	X\$ 9	_			X\$18=	
	Independent		Minus	***		=	X43=	+		`` -		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR L	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
1	the "Highest Nurr	nber Previously Pai	d For IN THIS	S SPACE in to	ec than	20 onter *20 *	TOT.			OR AC	TOTAL DIT. FEE	· .
· T	he "Highest Numl	nber Previously Paid ber Previously Paid	For (Total or	SPACE is le Independent	ess than ) is the I	3, enter *3.* nighest number f			priate box			